



05/04/04

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2113

**TRANSMITTAL
FORM**

TRANSMITTAL FORM MAY 03 2004	Application Serial Number	09/819,883
	Filing Date	March 28, 2001
	First Named Inventor	Long
	Group Art Unit	2113
	Examiner Name	Manoskey, J. D.
	Attorney Docket No.	SRT-022
	Patent No.	Not applicable
	Issue Date	Not applicable

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form 	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] 	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Brief (in triplicate)
	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Status Inquiry
	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input checked="" type="checkbox"/> Return Receipt Postcard
	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
<input checked="" type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
<input checked="" type="checkbox"/> Second Supplemental Information Disclosure Statement <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations (A122-A223, B7-B11) 	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD(s) for large table or computer program	
<input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above 	<input type="checkbox"/> Amendment After Allowance	
	<input type="checkbox"/> Request for Certificate of Correction <ul style="list-style-type: none"> <input type="checkbox"/> Certificate of Correction (in duplicate) 	

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MAY 07 2004

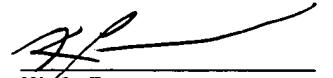
Technology Center 2100

CORRESPONDENCE ADDRESS

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 Testa, Hurwitz & Thibeault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110
 Tel. No.: (617) 248-7000
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SIGNATURE BLOCK

Respectfully submitted,


 Kia L. Freeman
 Attorney for the Applicants
 Testa, Hurwitz & Thibeault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110



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FY 2004

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		Complete if Known	
		Application Serial Number	09/819,883
		Filing Date	March 28, 2001
		First Named Inventor	Long
		Group Art Unit	2113
		Examiner Name	Manoskey, J. D.
		Attorney Docket No.	SRT-022

METHOD OF PAYMENT		FEE CALCULATION (continued)			
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		3. ADDITIONAL FEES			
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.		Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
3. <input type="checkbox"/> Applicant claims small entity status.					
FEE CALCULATION					
1. FILING FEE					
Large Entity					
Fee (\$)	Fee Description			Fee Paid	
770	Utility filing fee				
340	Design filing fee				
160	Provisional filing fee				
Number Filed	Number Extra	Rate	Amount		
Total Claims	- 20 =	x \$ 18.00 =			
Independent Claims	- 3 =	x \$ 86.00 =			
<input type="checkbox"/> Multiple Dependent Claim(s), if any		\$290.00 =			
TOTAL:					
SMALL ENTITY DISCOUNT:					
SUBTOTAL (1)		(\$)		0.00	
2. AMENDMENT CLAIM FEES					
Claims	Highest No.	Present	Rate	Fee Paid	
Remaining	Previously	Extra			
After Amend.	Paid For				
Total 21	- 20 = 1	x \$ 18.00 =	18.00		
Indep. 3	- 3 = 0	x \$ 86.00 =			
<input type="checkbox"/> First Presentation of Multiple Dep. Claim		+ \$290.00 =			
TOTAL: (\$)					
SMALL ENTITY DISCOUNT: (\$)					
SUBTOTAL (2)		(\$)		18.00	
SUBTOTAL (1) 0.00					
SUBTOTAL (2) 18.00					
SUBTOTAL (3) 290.00					
TOTAL (\$)					
308.00					
CORRESPONDENCE ADDRESS			SIGNATURE BLOCK		
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100			Respectfully submitted, Kiá L. Freeman Attorney for the Applicants Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110		